



Audits – Bay & Central Region
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January 25, 2008

Michael Oprendek, Director
Solano County Health and Social Services
275 Beck Avenue, MS 5-250
Fairfield, CA 94533-6804

Dear Mr. Oprendek:

AUDIT REPORT – CAMINAR, INC

We have examined the Short-Doyle/Medi-Cal Cost Report and Data Collection (CR/DC) report of Caminar, Inc., Solano County Contract Provider, for the fiscal period July 1, 2002 through June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures, as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

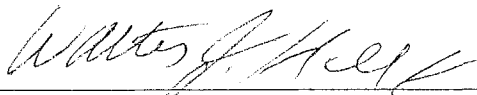
Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 586,744
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	<u>440,145</u>
Overstatement of Net Program Cost (FFP)	<u>\$ 146,599</u>

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Michael Oprendek, Director
January 25, 2008
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Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,



WALTER J. HILL, JR., MBA, EA
Chief of Audits



SHIRLEY CASTANEDA, Supervisor
Audits -- Northern Region

Enclosures

CERTIFIED MAIL

SOLANO COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: CAMINAR, INC.

LEGAL ENTITY NUMBER: 00147

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COST</u>				
FEDERAL - FFP	(Sch. 2)	\$ 586,744	\$ (146,599)	\$ 440,145
TOTAL HEALTHY FAMILIES FFP	(Sch. 2)	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL FFP		<u>\$ 586,744</u>	<u>\$ (146,599)</u>	<u>\$ 440,145</u>

**SOLANO COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

LEGAL ENTITY NAME: CAMINAR, INC.

LEGAL ENTITY NUMBER: 00147

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	1,150,441	(295,593)	854,848
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 1,150,441</u>	<u>\$ (295,593)</u>	<u>\$ 854,848</u>
<u>Less: Patient & Other Payor Revenues</u>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	1,150,441	(295,593)	854,848
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 1,150,441</u>	<u>\$ (295,593)</u>	<u>\$ 854,848</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net Reimbursable Cost - FFP</u>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 586,744	\$ (146,599)	\$ 440,145
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	0	0
42. Total - FFP		<u>\$ 586,744</u>	<u>\$ (146,599)</u>	<u>\$ 440,145</u>
Contract Maximum		<u>\$ 839,161</u>	<u>\$ 0</u>	<u>\$ 839,161</u>
Lower of Net Reimbursable Cost or Contract Maximum		<u>\$ 586,744</u>	<u>\$ (146,599)</u>	<u>\$ 440,145</u>

(To Sch.1)

SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

PROVIDER NAME: CAMINAR INC.
PROVIDER NUMBER: 00147
CONTRACT NUMBER: 02-039

FINDING – RECLASSIFICATION OF BOARD AND CARE COSTS

Our examination disclosed that the cost report submitted by Caminar to the County included adjustments of Salaries and Benefits 1 position, Food and Beverage, Utilities, Insurance, and Household Supplies costs of (\$61,784) in MH 1961. However, the cost report submitted by the County to the State Department of Mental Health on behalf of Caminar did not include this reclassification. Instead, all of the costs of Caminar were reported as attributable to the treatment program. The County could not provide documentation to support why the reclassification was eliminated from the cost report submitted to the State.

Listed below are a number of documents that contain requirements that states "Board and Care costs must be removed from treatment modes and reclassified to Mode 60, Service Function 40. After review of the records submitted by Caminar, the audit reclassified \$227,038 in Board and Care costs to the Support Services program in accordance with the following: (Please note that these adjustments are consistent with adjustments made in a report of Caminar's operations for fiscal year 1993-94 pursuant to a contract with San Mateo County wherein the provider concurred with the adjustments.)

1. California Administration Code, Title 9, Section 1840.312 which states in part as follows:

"The following services are not eligible for FFP

(a) Board and care means receipt of board, room, personal care and designated supplemental services related to individual needs.

(e) Board and Care costs for adult residential treatment services, crisis residential treatment services, and Psychiatric Health Facility Services."
2. Department of Mental Health Policy Letter No. 94-15 on cost report settlement policy, which states in part:

"Enclosure 1a, item 3 states that the board and care portion of residential program costs is not Medi-cal reimbursable. This change in policy is effective Fiscal Year 1993-94

SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

3. Rehabilitation Option Manual stipulates that Board and Care costs are not included in the SD/MC reimbursable rate.
4. Non-reimbursable activities under Rehabilitation Option Manual include Board and Care costs for Adult Residential Treatment Services and Crisis Residential Treatment Services.
5. Excerpts from the State Department of Social Services manual of Policies and Procedures, General Licensing Requirements (Title 22, Division 6, Chapter 1) defining the following: (1) "community care facility", (2) "basic rate", (3) "basic services", (4) "care and supervision", (5) "social rehabilitation facility".
6. Letter from John Rodriguez, Deputy Director of Medical Care Services, to Mr. Lawrence L. McDonough, Associate Regional Administrator for Health Care Financing Administration – Division of Medicaid.
 - This letter concerns a State Plan Amendment describing the policy and method used by the State to determine reimbursement for Short-Doyle/Medi-Cal (SD/MC) services. Item No.3 on page four of rates for adult residential services and adult crisis residential services. About half way through paragraph three is the following statement:

"Costs related to basic board and care, supervision, recreation, socialization, transportation, academic and work training, and other unallowable activities were excluded from the rate calculations."

This letter further supports the Department's adjustment eliminating those kinds of costs from the treatment program.

RECOMMENDATION

We recommend that the provider and the County review and comply with the above-cited audit authorities, and report actual cost information to agree with its records. The cost report must adhere to the regulatory requirements, and all supporting documentation utilized in identifying the board and care costs must be properly kept and readily available for review.

AUDITEE'S RESPONSE

No response was received from the Contractor.

SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

FINDING – INACCURATE REPORTING OF MENTAL HEALTH
EXPENDITURES

Our examination disclosed that reported total mental health expenditures of \$1,596,022 neither tied to the submitted cost report prepared by Caminar nor it tied to the Caminar's general ledger and accounting records. The audited salaries and benefits of \$1,686,191 were understated by \$688,524. The County reported \$997,677 of salaries and wages and \$598,255 of Other Expenses. This resulted in total audited mental health expenditures of \$2,707,476.

AUDIT AUTHORITY

Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304,
Fiscal Year 2002-03 Cost Report Instructions

RECOMMENDATION

We recommend that the Contractor refer to the cost report instruction manual which states that the mental health expenditures should report total gross expenditures of the contractor's trial balance. We also recommend that the County, on behalf of its providers, exercise due care in the preparation of the cost reports. This will ensure accuracy and reliability of the reported information.

AUDITEE'S RESPONSE

No response was received from the Contractor.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
CAMINAR INC .				00147	25	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	1	A	MENTAL HEALTH EXPENDITURES To adjust salaries and benefits to agree with the provider's general ledger. CMS PUB. 15-1 SEC. 2304	\$ 997,667	\$ 688,524	\$ 1,686,191
2	MH 1960	1	B	MENTAL HEALTH EXPENDITURES To adjust other expenses to agree with the provider's general ledger. CMS PUB. 15-1 SEC. 2304	\$ 598,355	\$ 422,931	\$ 1,021,286
3	MH 1960	1	C	MENTAL HEALTH EXPENDITURES To adjust reported expenses to reflect adjustment numbers 1 and 2. CMS PUB. 15-1 SEC. 2304	\$ 1,596,022	\$ 1,111,455	\$ 2,707,477
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To reverse County's medi-Cal adjustments for proper cost finding. CMS PUB. 15-1 SEC. 2304, 2300	\$ 1,534,237	\$ 61,785	\$ 1,596,022
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust Direct Services in conjunction with audit adjustment numbers 3 and 4. CMS PUB. 15-1 SEC. 2304	\$ 1,534,237	\$ 1,173,240	\$ 2,707,477
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
CAMINAR INC .				00147	25	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
6	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA) To adjust Direct Services in conjunction with audit adjustment numbers 1 through 5. CMS PUB. 15-1 SEC. 2304	\$ 1,534,237	\$ 1,173,240	\$ 2,707,477
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
7	MH 1964	3	A	OTHER 24 HOUR SERVICE (MODE 05 - ALL OTHER SFC) To adjust Laurel Creek Program Cost to agree with the contractor's record. CMS PUB. 15-1 SEC. 2304	\$ 792,622	\$ 40,204	\$ 832,826 *
8	MH 1964	3	A	OTHER 24 HOUR SERVICE (MODE 05 - ALL OTHER SFC)	** \$ 832,826	\$ (184,681)	\$ 648,145
9	MH 1964	8	A	SUPPORT SERVICES (MODE 60) To adjust Laurel Creek Program's Board and Care cost to support service. CMS PUB. 15-1 SEC. 2304	0	184,681	184,681 *
10	MH 1964	5	A	OUTPATIENT SERVICE (MODE 15) To adjust Rehabilitation Services Program and Y.A.T.P. program to agree with the contractor's record. CMS PUB. 15-1 SEC. 2300	\$ 741,615	\$ 24,602	\$ 766,217 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended		
CAMINAR INC .				00147	25	June 30, 2003		
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.					
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS</u> <u>TO MODES OF SERVICE</u>				
11	MH 1964	5	A	OUTPATIENT SERVICE (MODE 15)	** \$ 766,217	\$ (247,981)	\$ 518,236	
12	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	** \$ 184,681	\$ 247,981	\$ 432,662 *	
				To adjust SAIL and Y.A.T.P. Program support services cost to the proper cost center.				
				CMS PUB. 15-1 SEC. 2300				
13	MH 1964	7	A	SUPPORT SERVICES (MODE 60)	** \$ 432,662	\$ 295,109	\$ 727,771 *	
				To include 75% of Circle of Friends Program as support services cost.				
				CMS PUB. 15-1 SEC. 2300				
14	MH 1964	7	A	SUPPORT SERVICES (MODE 60)	** \$ 727,771	\$ 323,268	\$ 1,051,039 *	
				To include New Ventures Program Cost as Outreach cost.				
				CMS PUB. 15-1 SEC. 2300				
15	MH 1964	7	A	SUPPORT SERVICES (MODE 60)	** \$ 1,051,039	\$ 254,714	\$ 1,305,753 *	
				To include Job Plus Program and Phoenix S.T.O.P. Program as support services.				
				CMS PUB. 15-1 SEC. 2300				
16	MH 1964	7	A	SUPPORT SERVICES (MODE 60)	** \$ 1,305,753	\$ 102,729	\$ 1,408,482	
				To include 75% of Nueva Vida Program Cost as support services cost.				
				CMS PUB. 15-1 SEC. 2300				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
CAMINAR INC.				00147	25	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
17	MH 1964	6	A	OUTREACH SERVICES (MODE 45) To include 25% of Nueva Vida Program Costs as outreach cost. CMS PUB. 15-1 SEC. 2300	\$ 0	\$ 98,370	\$ 98,370 *
18	MH 1964	6	A	OUTREACH SERVICES (MODE 45) To include 25% of Circle of Friends Program cost as Outreach cost. CMS PUB. 15-1 SEC. 2300	** \$ 98,370	\$ 34,243	\$ 132,613
19	MH 1966A	3	B	OUTPATIENT SERVICE 15-01	\$ 201,355	\$ (66,756)	\$ 134,599
20	MH 1966A	3	C	OUTPATIENT SERVICE 15-10	571,591	(189,503)	382,088
21	MH 1966A	3	D	OUTPATIENT SERVICE 15-70	2,319	(769)	1,550
				TOTAL OUTPATIENT SERVICE	<u>\$ 775,265</u>	<u>\$ (257,028)</u>	<u>\$ 518,237</u>
				To distribute audited Direct Services costs (Medi-Cal Modes) to Outpatient Services using the Relative Value method based on Published Charges. CMS PUB. 15-1 SEC. 2304			
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u>			
22	MH 1966A	2	B	TOTAL UNITS 05-45	3,101	59	3,160
Info.	MH 1966A	2	B	TOTAL UNITS 15-01	113,760	0	113,760
Info.	MH 1966A	2	C	TOTAL UNITS 15-10	250,698	0	250,698
Info.	MH 1966A	2	D	TOTAL UNITS 15-70	680	0	680
				TOTAL	<u>368,239</u>	<u>59</u>	<u>368,298</u>
				To adjust total units to agree with the provider's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
CAMINAR INC.				00147	25	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u>			
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	66,309	0	66,309
Info.	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS 51.40%	0	0	0
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	66,309	0	66,309 *
23	MH 1966A	8A	Total	TOTAL MEDICAL UNITS 52.18%	259,133	1	259,134
Info.	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS 52.18%	0	0	0
Info.	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.18%	259,133	1	259,134 *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	66,309	0	66,309 *
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	66,309	0	66,309 *
24	MH 1966A	8A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 52.18% **	259,134	(1)	259,133 *
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	325,443	(1)	325,442
				To adjust Medi-Cal and Medi/Medi units to agree with County records. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	66,309	0	66,309
Info.	MH 1966A	8A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 52.18% **	259,133	0	259,133
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	325,442	0	325,442
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider CAMINAR INC .				Provider Number 00147	No. of Adj. 25	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
25	MH1979	23	J	<div>ADJUSTMENTS TO REPORTED SHORT-DOYLE /MEDI-CAL SETTLEMENT</div> <div>TOTAL SD/MC REIMBURSEMENT - COUNTY PROVIDERS</div> <div>To adjust Total SD/MC Reimbursement to reflect the results of the adjustments made to costs and units of service/time.</div>	\$ 586,744	\$ (146,599)	\$ 440,145

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: SOLANO

County Code: 48

Legal Entity: CAMINAR INC .		A	B	C
Legal Entity Number: 00147		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,686,191	1,021,286	2,707,477
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,686,191	1,021,286	2,707,477
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,707,477
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			2,707,477
19	Total Costs - Lines 9 through 18			2,707,477

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

Fiscal Year 2002-2003

County: SOLANO
County Code: 48

Legal Entity: CAMINAR INC .		A	B	C
Legal Entity Number: 00147		Salaries and Benefits	Other	Total Adjustments
1	Salaries/Benefits (1 position)	(30,200)		(30,200)
2	Food & Beverage		(23,067)	(23,067)
3	Utilities		(3,024)	(3,024)
4	Insurance		(2,010)	(2,010)
5	Hosehold Supplies		(2,484)	(2,484)
6				
7	Adjustments:			
8	To reverse Food and Beverage Cost to proper mode	30,200		30,200
9	To reverse UtilitiesCost to proper mode		23,067	23,067
10	To adjust to Hosehold Supplies Cost to proper mode		3,024	3,024
11	To adjust to Insurance Cost to proper mode		2,010	2,010
12			2,484	2,484
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments	0	0	0

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2002-2003

County: SOLANO
 County Code: 48

Legal Entity: CAMINAR INC .		A
Legal Entity Number: 00147		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	2,707,477
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	648,145
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	518,237
6	Outreach Services (Mode 45)	132,613
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	1,408,482
9	Total - Lines 2 through 8	2,707,477

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: SOLANO
County Code: 48

CR

Legal Entity: CAMINAR INC .		A	B	C	D	E	F	G
Legal Entity Number: 00147			Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Function	Function	Function	Function	Function	Function
			45					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		3,160					
3	Gross Cost	648,145	648,145					
4	Cost per Unit		205.11					
5	SMA per Unit		267.20					
6	Published Charge per Unit		267.20					
7	Negotiated Rate / Cost per Unit							
8								
8A	Medi-Cal Units	07/01/02 - 09/30/02	511					
		10/01/02 - 06/30/03	1,411					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		1,238					
13								
13A	Medi-Cal Costs	07/01/02 - 09/30/02	104,811	104,811				
		10/01/02 - 06/30/03	289,409	289,409				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	136,539	136,539				
14A		10/01/02 - 06/30/03	377,019	377,019				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	136,539	136,539				
15A		10/01/02 - 06/30/03	377,019	377,019				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17								
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
18		10/01/02 - 06/30/03						
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21								
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29								
29A	Healthy Families Costs	07/01/02 - 09/30/02						
		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		253,925	253,925				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: SOLANO
County Code: 48

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Legal Entity: CAMINAR INC .			A	B	C	D	E	F	G
Legal Entity Number: 00147			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	70			
1	Allocation Percentage		100.00%	25.97%	73.73%	0.30%			
2	Total Units			113,760	250,698	680			
3	Gross Cost		518,237	134,599	382,088	1,550			
4	Cost per Unit			1.18	1.52	2.28			
5	SMA per Unit			1.77	2.28	3.41			
6	Published Charge per Unit			1.77	2.28	3.41			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		20,521	44,732	545			
8A		10/01/02 - 06/30/03		76,165	181,422	135			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			17,074	24,544				
13	Medi-Cal Costs	07/01/02 - 09/30/02	93,698	24,280	68,176	1,242			
13A		10/01/02 - 06/30/03	366,930	90,117	276,505	308			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	140,170	36,322	101,989	1,858			
14A		10/01/02 - 06/30/03	548,915	134,812	413,642	460			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	140,170	36,322	101,989	1,858			
15A		10/01/02 - 06/30/03	548,915	134,812	413,642	460			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		57,609	20,202	37,407	(0)			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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County: SOLANO
County Code: 48

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Legal Entity: CAMINAR INC .		A	B	C	D	E	F	G
Legal Entity Number: 00147		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			10	20				
1	Allocation Percentage	100.00%	74.18%	25.82%				
2	Total Units		1	1				
3	Gross Cost	132,613	98,370	34,243				
4	Cost per Unit		98,369.98	34,242.99				
5	Non-Medi-Cal Units		1	1				
6	Non-Medi-Cal Costs	132,613	98,370	34,243				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: SOLANO

County Code: 48

County Code: 48			CR	CR	CR	CR	CR	CR
Legal Entity: CAMINAR INC .		A	B	C	D	E	F	G
Legal Entity Number: 00147		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			40	60	61	62	63	64
1	Allocation Percentage	100.00%	13.11%	17.61%	7.82%	22.95%	10.27%	7.29%
2	Total Units		1	1	1	1	1	1
3	Gross Cost	1,408,482	184,681	247,981	110,080	323,268	144,634	102,729
4	Cost per Unit		184,680.97	247,980.96	110,079.98	323,267.95	144,633.98	102,729.00
5	Non-Medi-Cal Units (Same as Line 2)		1	1	1	1	1	1
6	Non-Medi-Cal Costs (Same as Line 3)	1,408,482	184,681	247,981	110,080	323,268	144,634	102,729

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DEPARTMENT OF MENTAL HEALTH

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Fiscal Year 2002-2003

DETAIL COST REPORT

County: SOLANO
County Code: 48

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Legal Entity: CAMINAR INC .		H	I	J	K	L	M	N
Legal Entity Number: 00147		Service	Service	Service	Service	Service	Service	Service
Mode: 60 - Support		Function	Function	Function	Function	Function	Function	Function
		65						
1	Allocation Percentage	20.95%						
2	Total Units	1						
3	Gross Cost	295,109						
4	Cost per Unit	295,108.95						
5	Non-Medi-Cal Units (Same as Line 2)	1						
6	Non-Medi-Cal Costs (Same as Line 3)	295,109						

Fiscal Year 2002-2003

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: SOLANO
County Code: 48
Legal Entity: CAMINAR INC .

Legal Entity Number: 00147		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
Mode							
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)	104,811	289,409	53,873	149,183		
3	10 - Day Services						
4	15 - Outpatient (Program 1)	93,698	366,930	48,161	188,928		
5	15 - Outpatient (Program 2)						
6	Totals	198,509	656,339	102,034	338,111		
7	Totals from MH1979	198,509	656,339	102,034	338,111		
8	Effective SD/MC FFP %					51.40%	51.51%

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8				
County: SOLANO County Code: 48											
Legal Entity: CAMINAR INC .						A	B	C	D	E	
Legal Entity Number: 00147						Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	
						F	G	H	I	J	
						51.40% FFP	51.51% FFP	Variable % FFP	75% FFP	Total FFP	
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services					07/01/02 - 09/30/02	198,509	198,509	102,034		102,034
16A						10/01/02 - 06/30/03	656,339	656,339	338,111		338,111
17	Enhanced SD/MC Net Reimb. (Children)					07/01/02 - 09/30/02					
17A						10/01/02 - 06/30/03					
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										440,145
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										440,145
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										440,145
24	Healthy Families Net Reimbursement					07/01/02 - 09/30/02					
24A						10/01/02 - 06/30/03					
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										